

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

David Billups # 211903
 Rose Corr. Inst.
 P.O. Box 7010
 Chillicothe Ohio
 45601

2. Article Number

(Transfer from service label)

7003 0500 0002 0889 9254

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Paul Murphy*☐ Agent☒ Addressee

B. Received by (Printed Name)

Billups

C. Date of Delivery

2.9.04

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☒ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

1:01cv0731 doc.#23 Perelman